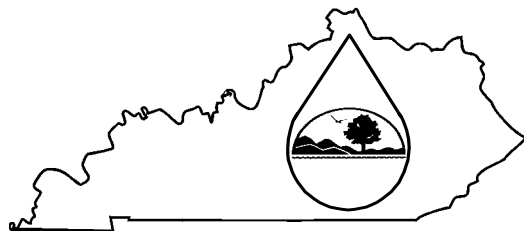


KPDES FORM HQAA



Kentucky Pollutant Discharge Elimination System (KPDES)

High Quality Water Alternative Analysis

The Antidegradation Implementation Procedures outlined in 401 KAR 5:030, Section 1(3)(b)5 allows an applicant who does not accept the effluent limitations required by subparagraphs 2 and 3 of 5:030, Section 1(2)(b) to demonstrate to the satisfaction of the Environmental and Public Protection Cabinet that no technologically or economically feasible alternatives exist and that allowing lower water quality is necessary to accommodate important economic or social development in the area in which the water is located. The approval of a POTW's regional facility plan pursuant to 401 KAR 5:006 shall demonstrate compliance with the alternatives analysis and socioeconomic demonstration for a regional facility. This demonstration shall also include this completed form and copies of any engineering reports, economic feasibility studies, or other supporting documentation

I. Permit Information

Facility Name:		KPDES NO.:	
Address:		County:	
City, State, Zip Code:		Receiving Water Name:	

II. Alternatives Analysis

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Has discharge to other treatment works been investigated?
(If yes, then indicate which treatment works were considered and the reasons why that discharge to these works is not feasible.) | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 2. Have other discharge locations been evaluated?
(If yes, then indicate what other discharge locations have been evaluated and the reasons why these locations are not feasible.) | <input type="checkbox"/> | <input type="checkbox"/> |

II. Alternatives Analysis - continued

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 3. Has water reuse or recycle been investigated as an alternative to discharge?
(If yes, then provide the reasons why it is not a feasible alternative) | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 4. Have alternative process or treatment options been evaluated?
(If yes, then indicate what process or treatment options have been evaluated and provide the reasons they were not feasible.) | <input type="checkbox"/> | <input type="checkbox"/> |

II. Alternatives Analysis - continued

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 5. Have on-site or subsurface disposal options been evaluated?
(If yes, then indicate the reasons they were not feasible.) | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 6. Have any other alternatives to lowering water quality been evaluated?
(If yes, then describe those alternatives evaluated and provide the reasons why these alternatives were not feasible.) | <input type="checkbox"/> | <input type="checkbox"/> |

III. Socioeconomic Demonstration

1. State the positive and beneficial effects of this facility on the existing environment or a public health problem.

2. Describe this facility's effect on the employment of the area

3. Describe how this facility will increase or avoid the decrease of area employment.

4. Describe the industrial or commercial benefits to the community, including the creation of jobs, the raising of additional revenues, the creation of new or additional tax bases.

5. Describe any other economic or social benefits to the community.

III. Socioeconomic Demonstration - continued

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 6. Will this project be likely to change median household income in the county? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will this project likely change the market value of taxable property in the county? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will this project increase or decrease revenues in the county? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will any public buildings be affected by this system? | <input type="checkbox"/> | <input type="checkbox"/> |

10. How many households will be impacted by this project?
11. How will those households be impacted?

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 12. Does this project replace any other methods of sewage treatment to existing facilities?
(if so describe how) | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 13. Does this project treat any existing sources of pollution more effectively?
(If so describe how.) | <input type="checkbox"/> | <input type="checkbox"/> |

III. Socioeconomic Demonstration - continued

14. Does this project eliminate any other sources of discharge or pollutants?
(If so describe how.)

Yes No
☐ ☐

15. How will the increase in production levels positively affect the socioeconomic condition of the area?

16. How will the increase in operational efficiency positively affect the socioeconomic condition of the area?

IV Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Title:

Telephone No.:

() -

Signature:

Date:

Kentucky Pollutant Discharge Elimination System (KPDES)
Instructions
KPDES Permit Application Supplemental Information

SECTION I – PERMITTEE INFORMATION

Facility Name:	Provide the name of the facility
Mailing Address, City, State, and Zip Code:	Provide the mailing address
KPDES No.:	Provide the KPDES permit number for the facility
County:	Indicate the county in which the facility is located
Receiving Water Name:	Indicate the water body into which the facility discharges or plans to discharge.

SECTION II – Alternatives Analysis

Check the appropriate boxes that apply.

Under each question answered yes provide a synopsis of the evaluation performed and the justification why these alternatives were not viable. For a successful demonstration all questions must be answered yes and justifications provided as to why the alternatives were not consider viable.

Include appropriate support documentation.

SECTION III – Socioeconomic Demonstration

Check the appropriate boxes that apply.

Under each question answered yes provide a synopsis of the evaluation performed and the justification why these alternatives were not viable. For a successful demonstration all questions must be answered yes and justifications provided as to why the alternatives were not consider viable.

Include appropriate support documentation.

SECTION IV - CERTIFICATION

Name and Title:	Indicate the name and title of the person signing the form.
Telephone No.:	Provide the telephone number of the person signing the form.
Date:	Indicate the date which the form was signed.

This form being part of the permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president

Partnership or sole proprietorship: by a general partner or the proprietor respectively